

**CLAIMS ONLY**

 Application Number  
**10805136**

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS          | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|
|                 | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1               | /        |        |                       |        |                        |        |
| 2               |          | /      |                       |        |                        |        |
| 3               |          | /      |                       |        |                        |        |
| 4               |          | /      |                       |        |                        |        |
| 5               |          | /      |                       |        |                        |        |
| 6               |          | /      |                       |        |                        |        |
| 7               |          | /      |                       |        |                        |        |
| 8               |          | /      |                       |        |                        |        |
| 9               |          | /      |                       |        |                        |        |
| 10              |          | /      |                       |        |                        |        |
| 11              |          | /      |                       |        |                        |        |
| 12              |          | /      |                       |        |                        |        |
| 13              |          | /      |                       |        |                        |        |
| 14              |          | /      |                       |        |                        |        |
| 15              |          | /      |                       |        |                        |        |
| 16              |          | /      |                       |        |                        |        |
| 17              |          | /      |                       |        |                        |        |
| 18              |          | /      |                       |        |                        |        |
| 19              |          | /      |                       |        |                        |        |
| 20              |          | /      |                       |        |                        |        |
| 21              |          | /      |                       |        |                        |        |
| 22              | /        |        |                       |        |                        |        |
| 23              |          | /      |                       |        |                        |        |
| 24              |          | /      |                       |        |                        |        |
| 25              |          | /      |                       |        |                        |        |
| 26              |          | /      |                       |        |                        |        |
| 27              |          | /      |                       |        |                        |        |
| 28              |          | /      |                       |        |                        |        |
| 29              |          | /      |                       |        |                        |        |
| 30              |          | /      |                       |        |                        |        |
| 31              |          | /      |                       |        |                        |        |
| 32              |          | /      |                       |        |                        |        |
| 33              |          | /      |                       |        |                        |        |
| 34              |          | /      |                       |        |                        |        |
| 35              |          | /      |                       |        |                        |        |
| 36              |          | /      |                       |        |                        |        |
| 37              |          | /      |                       |        |                        |        |
| 38              |          | /      |                       |        |                        |        |
| 39              |          | /      |                       |        |                        |        |
| 40              |          | /      |                       |        |                        |        |
| 41              |          | /      |                       |        |                        |        |
| 42              |          | /      |                       |        |                        |        |
| 43              |          | /      |                       |        |                        |        |
| 44              |          | /      |                       |        |                        |        |
| 45              |          | /      |                       |        |                        |        |
| 46              |          | /      |                       |        |                        |        |
| 47              |          | /      |                       |        |                        |        |
| 48              |          | /      |                       |        |                        |        |
| 49              |          | /      |                       |        |                        |        |
| 50              |          | /      |                       |        |                        |        |
| Total<br>Indep  |          |        |                       |        |                        |        |
| Total<br>Depend |          |        |                       |        |                        |        |
| Total<br>Claims |          |        |                       |        |                        |        |

|                 |  |   |  |  |  |  |
|-----------------|--|---|--|--|--|--|
| 51              |  | / |  |  |  |  |
| 52              |  | / |  |  |  |  |
| 53              |  |   |  |  |  |  |
| 54              |  |   |  |  |  |  |
| 55              |  |   |  |  |  |  |
| 56              |  |   |  |  |  |  |
| 57              |  |   |  |  |  |  |
| 58              |  |   |  |  |  |  |
| 59              |  |   |  |  |  |  |
| 60              |  |   |  |  |  |  |
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| 62              |  |   |  |  |  |  |
| 63              |  |   |  |  |  |  |
| 64              |  |   |  |  |  |  |
| 65              |  |   |  |  |  |  |
| 66              |  |   |  |  |  |  |
| 67              |  |   |  |  |  |  |
| 68              |  |   |  |  |  |  |
| 69              |  |   |  |  |  |  |
| 70              |  |   |  |  |  |  |
| 71              |  |   |  |  |  |  |
| 72              |  |   |  |  |  |  |
| 73              |  |   |  |  |  |  |
| 74              |  |   |  |  |  |  |
| 75              |  |   |  |  |  |  |
| 76              |  |   |  |  |  |  |
| 77              |  |   |  |  |  |  |
| 78              |  |   |  |  |  |  |
| 79              |  |   |  |  |  |  |
| 80              |  |   |  |  |  |  |
| 81              |  |   |  |  |  |  |
| 82              |  |   |  |  |  |  |
| 83              |  |   |  |  |  |  |
| 84              |  |   |  |  |  |  |
| 85              |  |   |  |  |  |  |
| 86              |  |   |  |  |  |  |
| 87              |  |   |  |  |  |  |
| 88              |  |   |  |  |  |  |
| 89              |  |   |  |  |  |  |
| 90              |  |   |  |  |  |  |
| 91              |  |   |  |  |  |  |
| 92              |  |   |  |  |  |  |
| 93              |  |   |  |  |  |  |
| 94              |  |   |  |  |  |  |
| 95              |  |   |  |  |  |  |
| 96              |  |   |  |  |  |  |
| 97              |  |   |  |  |  |  |
| 98              |  |   |  |  |  |  |
| 99              |  |   |  |  |  |  |
| 100             |  |   |  |  |  |  |
| Total<br>Indep  |  |   |  |  |  |  |
| Total<br>Depend |  |   |  |  |  |  |
| Total<br>Claims |  |   |  |  |  |  |